

# **Exhibit 320**

**Why Worry About Hospital Bills?**

COMMUNITY - WIDE GROUP

**Hospital —— Medical —— Surgical Protection**

Protect Yourself and your family—Enroll Under the

**BLUE CROSS PLAN**

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**What You Get — Hospital Service**

1. Thirty days of hospital care in each contract year, except in pregnancy cases resulting from pregnancy and all complications incident to pregnancy, seven days only are allowed, and except in Cesarean sections, 14 days will be allowed.

2. Private room and board, or

3. Ward bed and board.

4. Use of operating room\* when a bed patient.

5. Services in cases of pregnancy (cases resulting from pregnancy and all complications incident to pregnancy) arising 12 months after date of certificate, including delivery room.

6. Nursing services, but no other hospital care for new born children.

7. Routine medicines\*.

8. Routine laboratory\* when a bed patient.

9. Dressings\*.

10. General Nursing care\*.

11. Administering of blood transfusion.

\*These vital services are furnished as needed, without limit.

**What You Get — Medical — Surgical**

1. Five dollars for first visit and \$1.00 for each subsequent visit by a doctor while the member is confined to a hospital for medical care. Payments will be made for a maximum of 25 visits in any one contract year.

2. Surgery\* from \$6.00 to \$150.00 as shown on the Schedule of Benefits for operations performed in a hospital or in a doctor's office or clinic. Maximum payment for surgical operations is limited to \$200.00 in any one contract year for the subscriber, or for each dependent.

3. Maternity care is provided only on the family contract (after the rider has been in effect at least 12 months), not to exceed \$50.00 a day for one year for normal delivery and \$100.00 for Cesarean section.

4. Allowances for Special Services rendered to bed patients in a hospital during any one contract year not to exceed:

- (a) \$1.00 for administering of anesthesia.
- (b) \$15.00 for diagnostic X-ray service.
- (c) \$10.00 for radioactive treatment.
- (d) \$10.00 for physiotherapy.
- (e) \$10.00 for laboratory tests.
- (f) \$10.00 for special laboratory service.
- (g) \$5.00 for each electrocardiogram alone.
- (h) \$3.00 for each electrocardiogram (maximum of \$15.00)

**WHAT IT COSTS**

**Private Room Service**

Minimum Priced Room

Medical - Surgical Rider			
Private Room	Type B	Ward Service	Type A
Individual	\$1.85	Individual	\$1.50
Husband and Wife	\$3.70	Husband and Wife	\$3.00
Husband, Wife and all Children Under 16	\$4.75	Husband, Wife and all Children Under 16	\$4.00
Husband or Wife, and all Children under 16	\$2.90	Husband or Wife, and all Children Under 16	\$2.15

Blue Cross is nation-wide, with a Blue Cross Plan operating in every state.

Blue Cross - Blue Shield has been endorsed by all local doctors as the answer to better health conditions.

There are over 2600 Alabama (employer group) firms and corporations participating.

Over 40,000,000 people in America are members of Blue Cross - Blue Shield, the medical-surgical part of Blue Cross.

Over \$5,000,000 paid in members hospital and doctor bills. You have no claims to file. Your doctor and hospital file for you.

**Blue Cross - Blue Shield** is endorsed by all local doctors.

Under Blue Cross - Blue Shield you may select hospital and doctor of your choice. All people working, where 5 or more are employed (and under 65 years of age) are eligible.

**Hospital Service Corporation**

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